PTO/SB/17 (12-04)

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	& TOWN PARKET	<u></u>						
Effective on 12/08/2004.			181	Complete if Known			nown	
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)  FEE TRANSMITTAL			'"	Application Number		10/629,656 July 30, 2003		
For FY 2005			}-	Filing Date First Named Inventor		MANABU YAMAZOE ET AL.		
FOF FY 2005				Examiner Name		Ishrat I. Sherali		
Applicant claims small entity status. See 37 C.F.R. 1.27			R. 1.27	Art Unit		2621		
TOTAL AMOUNT OF PAYMENT (\$) 600.00				Attorney Docket No.		03500.013715.	1	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SE  Application Type Utility Design Plant Reissue	FILING FE <u>Sm</u> a			CH FEES  Small Entity Fee(\$)  250  50  150  250	EXA Feed 20 13 16	0 100 0 65 0 80	S <u>Fees Paid (\$)</u>	
2. EXCESS CLAIM FEES  Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims  Small Entity Fee(\$) 50 25 20 100 180								
Total Claims	Extra Clair	ms Fee (\$)	Fee Pai	d (\$)	<u>Multi</u> j	ple Dependent Clai	<u>ms</u>	
15 - 20 or HP = 0 x 0 = 0 Fee(\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  0 0								
Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)								
9 - 3 or HP = 3 x 200 = 600 HP = highest number of independent claims paid for, if greater than 3								
<ol> <li>APPLICATION SIZE FEE         If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).     </li> </ol>								
<u>Total Sheets</u>	Extra Sheets	<u>Number o</u>	of each ad	ditional 50 or fra	action there	eof <u>Fee (\$</u>	Fee Paid (\$)	
100 = / 50 = (round <b>up</b> to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other:								
SUBMITTED BY								
Signature	ALOCI	70-			ation No. ey/Agent)	55,112	Telephone 202-530-1010	
Name (Print/Type)	Michael J. Di	idas	-			-	Date: June 16, 2005	



## **PATENT APPLICATION**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
••	:	Examiner: Ishrat I. Sherali
MANABU YAMAZOE ET AL.	).	
	:	Group Art Unit: 2621
Application No.: 10/629,656	)	-
	:	Confirmation No.: 6853
Filed: July 30, 2003	)	
	:	
For: IMAGE PROCESSING METHOD AND	)	June 16, 2005
APPARATUS AND STORAGE MEDIUM	1:	

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

## **AMENDMENT**

Sir:

In response to the Office Action mailed March 16, 2005, Applicants submit the following amendments and remarks.

06/17/2005 JBALINAN 00000074 061205 10629656 01 FC:1201 600.00 DA